



16398 HFW

PTO/SB/21 (09-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/694,758
Filing Date	October 23, 2000
First Named Inventor	Chakravarti, Shukti
Art Unit	1639
Examiner Name	Ponnaluri, P.
Attorney Docket Number	021825-004710US

ENCLOSURES (Check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.)
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input checked="" type="checkbox"/> Information Disclosure Statement (2 pgs.)

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
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<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
- Form PTO/SB/08B (1 pg., submitted in duplicate);
- Copy of European Search Report (2 pgs.);
- Copies of Two (2) References Cited; and
- Return Receipt Postcard. |
|---|---|--|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP
Signature	
Printed name	Joseph R. Snyder
Date	November 10, 2005

Reg. No.	39,381
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CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Bruce L. Flanders

Date

10 November 2005

NOV 14 2005

PTO/SB/17 (12-04)

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$180

Complete if Known

Application Number	09/694,758
Filing Date	October 23, 2000
First Named Inventor	Chakravarti, Shukti
Examiner Name	Ponnaluri, P.
Art Unit	1639
Attorney Docket No.	021825-004710US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
 _____ -20 or HP = _____ x _____ = _____ Fee (\$) Fee Paid (\$)
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 _____ -3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

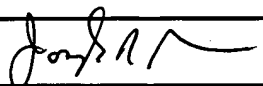
Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of Information Disclosure Statement

Fees Paid (\$)

\$180

SUBMITTED BY

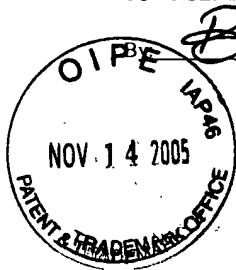
Signature		Registration No. (Attorney/Agent) 39,381	Telephone 925-472-5000
Name (Print/Type)	Joseph R. Snyder		Date November 10, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
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PATENT
Attorney Docket No.: 021825-004710US

On: 10 November 2005

TOWNSEND and TOWNSEND and CREW LLP



Bruce L. Flanders

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Chakravarti, Shukti

Application No.: 09/694,758

Filing Date: October 23, 2000

For: **GENE EXPRESSION PROFILING
OF INFLAMMATORY BOWEL
DISEASE**

Customer No.: 20350

Examiner: Ponnaluri, P.

Art Unit: 1639

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR §1.97(c) & (e)(1) and §1.98**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR 1.97(c), the references cited on the attached Form PTO/SB/08B (1 page, submitted in duplicate) are being called to the attention of the Examiner for consideration in connection with the above-identified patent application. Copies of two of the cited references are enclosed. The identified references were cited by the European Patent Office in a corresponding European patent application, serial number 00988479.2. A copy of the European Search Report is also enclosed. The reference entitled "Ulcerative colitis and Crohn's disease: distinctive gene expression profiles and novel susceptibility," authored by Lawrence, I. et al., is not included since it was cited to the U.S. Patent Office in an Information Disclosure Statement (IDS) filed June 15, 2001.

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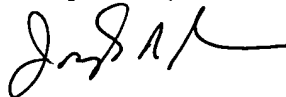
It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed on or before the mailing date of any of a final action under 1.113, a notice of allowance under 1.311, or an action that otherwise closes prosecution in the application, and is accompanied by the fee set forth in 37 CFR 1.17(p).

The Commissioner is hereby authorized to charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Joseph R. Snyder
Reg. No. 39,381

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 925-472-5000
Fax: 925-472-8895
JS:b2f:kap



Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Complete if Known			
		Application Number	09/694,758		
		Filing Date	October 23, 2000		
		First Named Inventor	Chakravarti, Shukti		
		Art Unit	1639		
		Examiner Name	Ponnaluri, P.		
Sheet	1	of	1	Attorney Docket Number	021825-004710US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	AA	HELLER, R.A. et al. "Discovery and analysis of inflammatory disease-related genes using cDNA microarrays." <i>Proc. Natl. Acad. Sci. USA</i> (March 1997), Vol. 94, pgs. 2150-2155.	
	AB	VAALAMO, M. et al. "Distinct Expression Profiles of Stromelysin-2 (MMP-10), Collagenase-3 (MMP-13), Macrophage Metalloelastase (MMP-12), and Tissue Inhibitor of Metalloproteinases-3 (TIMP-3) in Intestinal Ulcerations." <i>American Journal of Pathology</i> (April 1998), 152(4):1005-1014.	
	AC		
	AD		
	AE		
	AF		
	AG		
	AH		
	AI		
	AJ		
	AK		

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.